

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/098,204	06/16/98	370	2731	203.1099

APPLICANT
HOWARD R. UDELL, WESTPORT, CT; STUART D. BAKER, NEW YORK, NY; CARY S. KAPPEL, NEW YORK, NY; GREG M. SHERMAN, NEW YORK, NY; WILLIAM RIES, NORTH BRUNSWICK, NJ.

CONTINUING DOMESTIC DATA***

VERIFIED

[Signature]

371 (NAT'L STAGE) DATA***

VERIFIED

[Signature]

FOREIGN APPLICATIONS***

VERIFIED

[Signature]

FOREIGN FILING LICENSE GRANTED 07/01/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged <i>[Signature]</i>	Examiner's Initials <i>[Initials]</i>	CT	16	43	7

ADDRESS	DAVIDSON DAVIDSON & KAPPEL 1140 AVENUE OF THE AMERICAS 15TH FLOOR NEW YORK NY 10036
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TITLE	SELF-DESTRUCTING DOCUMENT AND E-MAIL MESSAGING SYSTEM
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FILING FEE RECEIVED \$1,754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3784

SERIAL NUMBER 09/098,204	FILING DATE 06/16/1998 RULE	CLASS 709	GROUP ART UNIT 2142	ATTORNEY DOCKET NO. 200.1099
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APPLICANTS

HOWARD R. UDELL, WESTPORT, CT;

STUART D. BAKER, NEW YORK, NY;
CARY S. KAPPEL, NEW YORK, NY; GREG M. SHERMAN, NEW YORK, NY;
WILLIAM RIES, NORTH BRUNSWICK, NJ;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/01/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	16	43	7
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23280
 DAVIDSON, DAVIDSON & KAPPEL, LLC
 485 SEVENTH AVENUE, 14TH FLOOR
 NEW YORK , NY
 10018

TITLE

SELF-DESTRUCTING DOCUMENT AND E-MAIL MESSAGING SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
	RECEIVED	